PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

09/895478

ENTITY OTHER TH

OR SMALL ENT

(Column 1) (Column 2)								TYPE			OR SMALL ENTITY			
TOTAL CLAIMS							ſ	RATE	FEE.		RATE	FE	Ε	
FOR			NUMBER FILED		HUMBER EXTRA		·	BASIC FEE	385.00	OR	BASIC FEE	770.	.00	
TOTAL CHARGEABLE CLAIMS			กาเกบร 20=		•			XS 9=	٠,	OR	XS18=			
INDEPENDENT CLAIMS			minus 3 =		•			X43=		OR	X8G=			
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+145=		OR	• 290 =		\neg	
* If the difference in column 1 is less than zero, enter '0" in column 2							1	TOTAL		OR	TOTAL		ヿ	
CLAIMS AS AMENDED - PART II								•		OTHER THAN				
	J	(Column 1)		(Colur		(Colonia 3)	_	SMALL	NTITY	OR	SMALLE	ENTI	·	
AMENDMENT A	2/6/4	CLAIMS REMAINING AFTER AMENDMENT		ion ji i NULA PREVIC PAID	HER DUSLY	रमस्य ६८ स्ट इ.स.स्ट		PATE .	AUDI TIONAL FEE		RATE.	ADI TION FE	NAL	
	Total	. 12	Minus	: 2	0	31		xs g =		OR	X\$18=		_	
	Independent	. 3	Minus .	**.	0	٠.		X43=	=u=	QΑ	×86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						١ ا	+145=		OR	+290= ·			
•								TOTAL ADDIT FEE		OÀ	ADDIT FEE			
10 21 04 (Column 1) (Column 2) (Column 3)								MJCH: TEE!	··	•	-			
AMENDMENT B	7/2/101	CLAIMS HIGH REMAINING NUM AFTER PREV			EST BER	PRESENT EXTRA		PATE .	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL	
	Total	- AMEROMENT	Minus :	20)	. Ø		x5 9 -	1	UR	X\$18=			
	Inaspendent	. 3	Minus	6	, .	- Ø		X43=		OR	X86=			
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	CLAIM		ا ل ـ	+145=		OR	+290=			
								TOTAL ADDIT FEE		ОВ	TOTAL			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIG! NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	AUUI- TIONAL FEE		RATE	TIO	DDI- INAL EE	
	Total	•	Minus	- :		3 .		X\$ 9=		OF	X\$18=		·]	
	Independent	•	Minus	***		=	1	×43≅		ÓР	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. +145=		OP	+290=			
If the entry in column 1 is less than the entry in column 2, write '0' in column 3. *If the entry in column 1 is less than the entry in column 2, write '0' in column 3. *If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20. *ADDIT. FEE										ОЯ	TOTAL		·.	
* ** (i the Highest Nu If the Highest Nu The Highest Num	mber Previously Pa mber Previously Pa ber Previously Pa	eld For IN TH Id For (Total o	IS SPACE	is less th Jent) is th	an 3, enler "3." e highest numt	ber lo			ox.In c	olumn 1	•	· ·	